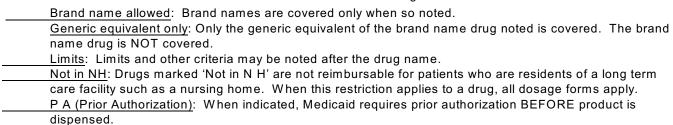
Utah Medicaid Provider Manual	Over-the-Counter (OTC) Drug List
Division of Health Care Financing	Updated July 2003

OVER-THE-COUNTER DRUG LIST

Revisions to this list are indicated in **bold** print or with **bold lines** around the cell in which a change has been made since this list was last published. Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 2, *Prescribed Over-the-Counter Products*. In summary, over-the-counter drugs (OTC) are covered ONLY when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTC products may also have restrictions indicated on the chart which include the following:



Rebate Agreement: Manufacturers must sign a rebate agreement with HCFA before coverage is allowed. Many generic companies and most house brands have not signed this agreement.

Use the 11-digit NDC Code for billing.

Drug Name	Brand Name allowed	Limits	Not in N H	P A
acetaminophen			Х	
acetone tests (Acetest)	yes		X	
Actifed and generic equivalent	yes			
alcohol swabs			X	
antacid liquid and tablets		 Tums rolls, covered Tums -500, E-X, and Ultra NOT covered Mylanta NOT covered 	X	
aspirin including enteric coated, buffered			X	
Axid AR (package size ≥ 30 tablets)	yes			
Benadryl generic equivalent only				
Benadryl Allergy Decongestant	yes			
Benylin generic equivalent only				
bisacodyl tablets and suppositories			X	
calcium tabs		oyster shell not covered		
chlorpheniramine				
citrate of magnesia		600 ml, maximum		
Codimal DM (alcohol, dye, and sugar free)	yes			
contraceptive creams, foams, tablets, sponges, and condoms			X	
Dramamine generic equivalent only				
DDS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)			Х	
ferrous gluconate 325mg, sulfate 325mg/ elixirer, 200mg/5c		30 tabs or equivalent		
Glutose	yes			
Gyne-Lotrimin generic equivalent only				

	Drug Name	Brand Name allowed	Limits	Not in N H	P A
	hydrocortisone cream, ointment, supp.				
	ibuprofen			X	
	Imodium AD generic equivalent only			X	
•	insulin	yes			
_	insulin syringe with needle-disposable		100/month maximum	X	
	kaolin with pectin suspension			X	
_	lancets		100/month maximum	X	
	loratadine, loratadine-D	yes			
	Lotrimin, Lotrimin AF generic equivalent only				
	Maalox suspension	yes		X	
	MAG-CARB	yes			
	milk of magnesia			Х	
	Monistat-7 generic equivalent only				
	Mortrin oral susp. NDC 00045018404				
	Mortrin drops NDC 50580010015				
	Mycelex OTC generic equivalent only				
	niacin 250mg, 500mg for hyperlipidemia only		(SR, LA forms not covered)		
	Nix and generic equivalent	yes			
ı	Pediacare Cough-Cold	yes			
*	Pedialyte liquid and generic equivalent	yes	limited to children through age 10		
	Pepcid AC (package size ≥50)	yes			
	Pepto-Bismol and generic equivalent	yes			
	Poly Vi Sol	,	Iron formulations not covered		
	prophylactics, male, female	yes		Х	
	pseudoephedrine HCL 30mg, 60mg	,			
	psyllium muciloid powder				
	Rid and generic equivalents, NDC 74300004140, 74300004120, 74300008200	yes			
	Robitussin generic equivalent only				
	Robitussin DM generic equivalent only				
	Senokot 8.6mg tab generic equivalent only				
	Tagamet HB and generic equivalent, (package size ≥30)	yes			
	Tavist-1 generic equivalent only				
	Triaminic AM Cough & Decongestant, NDC				
	00043055804, and generic equivalent				
	Triminic Cold & Cough, NDC 00043056504 and generic equivalent				
	Triaminic Night Time, NCD 00043054804 and generic equivalent				
	Triaminic Sore Throat Formula NCD 00043055504 and generic equivalant				
	triple antibiotic ointment 15gm				
	Tri Vi Sol			V	
	urine tests (Clinistix, Clinitest, Diastix, Ketostix)	yes		X	
	Zantac 75, package size ≥20	yes			